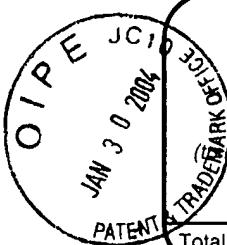


Please type a plus sign (+) inside this box → 

# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/954,835
Filing Date	September 18, 2001
First Named Inventor	Monica A. Jacinto et al.
Group Art Unit	1742
Examiner Name	Harry D. Wilkins, III
Total Number of Pages in This Submission	7784-000255

RECEIVED  
FEB 17 2004  
FC 1700

## ENCLOSURES (check all that apply)

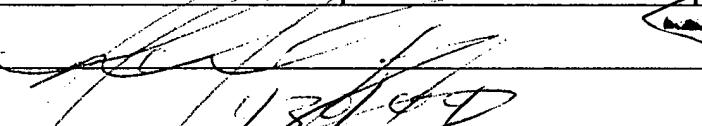
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Check in the amount of \$110.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## Remarks

The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

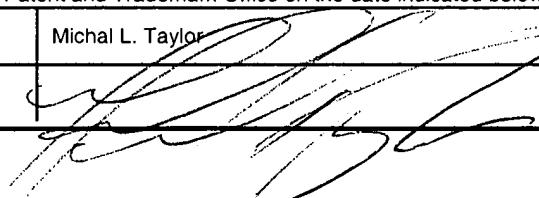
RECEIVED

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Michael L. Taylor	Reg. No. 50,521
Signature			
Date	1/30/04		

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	Michal L. Taylor	Express Mail Label No.	EV 406 075 904 US (1/30/2004)
Signature		Date	1/30/04

BEST AVAILABLE COPY

EV 406 075 904 US

# FEET TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

JAN 30 2004  
PATENT & TRADEMARK OFFICE  
U.S. DEPARTMENT OF COMMERCE

**TOTAL AMOUNT OF PAYMENT** (\$ 110

RECEIVED  
FEB 10 2004  
TC 1700

Complete if Known	
Application Number	09/954,835
Filing Date	September 18, 2001
First Named Inventor	Monica A. Jacinto et al.
Examiner Name	Harry D. Wilkins, III
Art Unit	1742
Attorney Docket No.	7784-000255

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money  Other  None  
Order

Deposit Account:

Deposit Account Number  
08-0750

Deposit Account Name  
Harness, Dickey & Pierce, P.L.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee	
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)		(\$ 0	

### 2. EXTRA CLAIM FEES

Total Claims	-20 **	= 0	X	Fee from below	= 0	Fee Paid
Independent Claims	-3 **	= 0	X		= 0	
Multiple Dependent			X		= 0	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee	
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
SUBTOTAL (2)		(\$ 0	

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	
		(\$ 110	

## SUBMITTED BY

Name (Print/Type)	Michael L. Taylor	Registration No. Attorney/Agent	50,521	Telephone	(248) 641-1600	Complete if applicable
Signature				Date	1/30/04	

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.